



For ES&H InfoCenter Use ONLY	
Homegroup:	User ID:
Contr. Code:	Password:
CAIRS code:	
CAIRS PASSWORD:	

COMPUTERIZED ACCIDENT/INCIDENT REPORTING SYSTEMS REGISTRATION FORM

User Registration For: **CAIRS**

CAIRS DATA ENTRY TRAINING

SUBMIT TO: U.S. DOE
ES&H InfoCenter, EH-33, CORP-270
19901 Germantown Rd.
Germantown, MD 20874

PHONE: 800-473-4375
FAX: 301-903-9823

(Type or Print)

1. Name _____ Birth date -----/-----
(Last) (First) (Middle Initial) (Month) (Day)

2. Job Title _____

3. Company Name _____

4. Address _____ Mail Stop _____

City _____ State ----- Zip -----

5. Work Phone _____ Work Fax _____

Internet E-Mail Address ([e.g. esh-infocenter@eh.doe.gov](mailto:esh-infocenter@eh.doe.gov)) -----

7. USA Citizenship (check one) Yes No (Foreign Nationalities are screened by DOE for access to the DOE Computer System.)

8. Check the box that applies: New User Update User User Replacement Delete User

9. Computer Security: Indicate by your signature on the line below that you have read, understand and will comply with the following:

A. I understand that using DOE computer systems, products, services or equipment for personal use constitutes misuse/non-official use of Government property.

B. I understand that all computer files are subject to review for the purpose of ensuring Official Use Only of government property.

C. I understand that I am responsible for protecting my assigned password for confidentiality. Sharing my password with anyone else is a security infraction and may result in my system access being revoked.

D. I understand that there is a potential for Unclassified Sensitive and Privacy Act information being contained in the operation event information computer system and that such information must be protected from unauthorized access and disclosure as required by DOE Order.

E. I understand that information obtained from CAIRS may contain Unclassified Controlled Nuclear Information (UCNI). Access to UCNI requires a "need to know" per DOE Order.

F. I understand that users failing to comply with the computer security policies described herein may be subject to disciplinary action.

User Signature: _____ Date: -----

Manager's Name: _____ Manager's Signature: ----- Date: -----

EH-51 Recordkeeping Program Manager _____

CAIRS

Organization(s) for which you have CAIRS Data Entry authority. (Use additional paper if necessary)	Organization(s) Code	A - Add D - Delete

Manager's Name (Please Print)_____

Manager's Title

Manager's Signature _____ Date_____